

AGING HORIZONS

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AGING PERSPECTIVES

Charlie Rehbein, Aging Coordinator

FRONTIER STATUS REQUIRES A CHANGE AND YOUR HELP

Montana, as well as many Western States, is in a crisis situation due to an increased aging population and the huge distances people have to travel to receive or provide services to our elderly citizens. For this reason, I am soliciting support for changing how funds appropriated under the Older Americans Act are currently allocated and distributed by the Administration on Aging by adding a "frontier factor" to the appropriation language.

The current Older Americans Act, which is scheduled for re-authorization this year, requires the Administration on Aging to distribute the funds based on Section 304 of the Act. Section 304 says:

(a)(1) From the sums appropriated under subsections (a) through (d) of section 303 for each fiscal year, each State shall be allotted an amount which bears the same

ratio to such sums as the population of older individuals in such State bears to the population of older individuals in all States (2) In determining the amounts allotted to States from the sums appropriated under section 303 for a fiscal year, the Assistant Secretary shall first determine the amount allotted to each State under paragraph (1) and then proportionately adjust such amounts, if necessary, to meet the requirements of paragraph (3).

(3)(A) No State shall be allotted less than 1/2 of 1 percent of the sum appropriated for the fiscal year for which the determination is made.

A funding distribution which is based strictly on population gives each state an equal amount of funding per older individual, but does not address the costs associated with providing

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AGING HORIZONS

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those services in states such as ours, which has vast distances between communities and service providers.

Montana, as well as most Western States, has elderly participants who are 30 or 40 and up to 100 miles or further from major service providers and medical care. In order to provide services to these folks, service providers have to pay staff for one or more hours of “windshield” time just to get to the client’s community or home. These areas are really “frontier” area rather than rural areas because of their population density. A frontier county is considered to have 20 or less people per square mile. As you may know, 46 of the 56 counties in Montana are really “frontier” because they have less than 6 people per square mile.

With reductions in federal funding for the Older Americans Act, states like Montana will be facing critical reductions in services. When you add on top of this the increases in energy and fuel costs, it is no wonder many of our services providers are struggling. In some cases, services will be decimated and/or eliminated altogether if they lose any funding at all.

Current U. S. Census data indicates that 8,000 people turn 60 years of age every day in the U. S. In Montana, that figure is at least 26 people per day. This means that every month, the increase in our 60 and older age group is equal to or larger than total population of the town of St. Ignatius, which is 788. This computes to an annual increase in the 60 and older population of 9,490 people, which is the size of the city of Havre.

The problem is the people who are currently 60 years of age or older and those who are daily reaching this milestone do not all live in one community. These folks are scattered across our 147,046 square miles. And in

order to provide services to many of them, providers need to travel up to 100 miles or more one way.

We are currently working with the states of Alaska, Idaho, New Mexico, North and South Dakota, and Wyoming towards getting a “frontier factor” into the Older Americans Act. Even if it is not part of the distribution allocation as set out in Section 304 of the Act, there needs to be an element of the Act that addresses “frontier” states like ours. Without some type of consideration for our vast distances, services may be eliminated in many of our small communities and they will become what some folks from the East call NORCs – Natural Occurring Retirement Communities, which eventually die off.

Frontier Montanans are a major reason Montana is what it is and why we live here. If we allow all of our rural communities to die out, to become NORCs, our state will be dotted with ghost towns and the distance factor for anyone living in these isolated frontier communities will only increase and become even more detrimental for them in obtaining services.

Based on this, please contact our US Senators and request that they sponsor and support as part of the Older Americans Act re-authorization language which will set aside at least 10 percent of the total appropriation or \$100 million dollars, which ever is greater, to be allocated to States with frontier counties for services under Title III Grants for State and Community Programs on Aging and Title VII Allotments for Vulnerable Elder Rights Protection Activities. This set aside would be in addition to the funds distributed under Section 304 of the Act.

Thank you for your support of this amendment to the Older Americans Act. It will benefit the lives of our “frontier” elderly citizens.

CENTENARIAN SEARCH

The Governor's Advisory Council on Aging would like to recognize all Montanans who are 100 years of age or older (centenarians) at their upcoming 38th annual conference on May 9, 10th and 11th 2006 in Helena.

The theme of the conference is: AGING - If It's Not Your Concern Now, It Will Be. Montana's 2000 census showed that we had 162 centenarians and it is estimated by 2025, Montana will have over 3,000. By recognizing our eldest of the elders and honoring them we hope to raise the public's awareness of the baby boom generation which is turning 60 years old this year.

Lt Governor John Bohlinger will recognize any centenarians who are able come to the conference on May 11th at our Centenarians luncheon. We are particularly hoping that our oldest Montanan would be able to attend.

All centenarians who reply will receive a centenarian's recognition proclamation from the Governor's Advisory Council on Aging.

If you are a centenarian or are aware of one and would like them to be recognized, please supply us the following information by April 7th, 2006. We would also like to get a good, non-Polaroid photo.

1. Their name and address.
2. Where and when were they born? If not born in Montana, what is their story on how they got to Montana?
3. What is their secret to longevity?
4. What has been the most amazing event in their life that they would like to share?
5. What would their favorite quote be?
6. Anything else they would like us to know?
7. Will they be attending the luncheon? Please RSVP if possible.

Please send your information to: Brian LaMoure
DPHHS – SLTC
PO Box 4210
Helena MT 59604-4210

For more information, contact: Brian LaMoure at 1-800-332-2272 or email Blamoure@mt.gov and be sure to check out the Conference's web site at www.aging.mt.gov.

MONTANA'S OUTSTANDING OLDER WORKER

Experience Works, is seeking nominations for Montana's Outstanding Older Worker, which will be announced at the Governor's Conference on Aging.

The award recognizes the contributions that seniors make to their communities, to our economy and to help break down the barriers

associated with age and work. The senior component of our workforce is the fastest growing work segment. All of the winners will be brought to Washington, D.C. for a weeklong series of high visibility events, Capitol Hill visits, congressional hearings, a nationally broadcast press conference and award ceremonies.

For more information, contact: 1-800-584-9161. The national application form is available at: <http://www.experienceworks.org/> and although the national deadline is May 31st, Montana's deadline is April 15th.

38TH GOVERNOR'S CONFERENCE ON AGING AGING - IF IT'S NOT YOUR CONCERN NOW, IT WILL BE

The 38th annual Governor's Conference on Aging will be held in Helena May 9, 10 and 11 2006 at the Colonial Red Lion Inn. Once again we will be awarding "Mini-Grants" to start up innovative senior related programs and recognizing Montana's Centenarians and Montana's Outstanding Older Worker.

Besides our four general sessions and our three luncheon presentations, we will have five tracks you can participate in or just pick and choose as suites you. The tracks are

- Legal/Advocacy issues
- Alzheimer's/Caregivers issues
- Senior Center issues

- Self Care and
- General topics

Co-Conferencing with us will be Montana's Adult Protective Service workers.

Featured speakers so far are:

- Lt Governor John Bohlinger;
- Chrysti the Wordsmith;
- MT Attorney General Mike McGrath;
- Percy Devine, Administration on Aging, Denver Region; and
- many more are pending.

For more information on sessions, workshops and programs, please call Brian LaMoure at 1-406-444-7782 or check out our web site at www.aging.mt.gov

2006 MINI-GRANT AWARDS

The Governor's Advisory Council on Aging announces the availability of the 2006 Mini-Grants for Senior Projects. The grants were developed to provide start up funding for innovative ideas that serve the senior interests of your communities. Funding for these grants comes from the Committee to Preserve Social Security and Medicare and the State Aging Office.

Grant awards range from \$300 to \$1,000, and may be awarded to any private or public nonprofit agency, public bodies or private businesses. Deadline for mini-grant submission is April 21st.

Eligible activities include projects in the area of training and education, developing support services, creating or enhancing on-going

services to meet a specific need for seniors. Because this is one-time money, project sustainability is crucial. Projects that can be replicated in other areas will also be given priority. Public/private collaborations are encouraged, but not mandatory.

Winners will be informed prior to the conference. An official announcement will be made at the May 10 luncheon. Those selected for this award will be expected to prepare a report on their successes for next year's Governor's Conference on Aging.

The simple grant application can be found at our web site at www.aging.mt.gov. It has also been distributed to senior centers and Area Agencies on Aging.

For more information, contact: Brian LaMoure at 1-406-444-7782 or 1-800-332-2272

NEW GOVERNOR'S ADVISORY COUNCIL MEMBERS

In January 2006, Governor Schweitzer appointed four new members to the Governor's Advisory Council on Aging. They included Vern Klingman from Billings, Beverly Barnhart from Bozeman, and Toni Hagener from Havre, and Lynwood Tallbull from the Northern Cheyenne Reservation.

Outgoing members of the Council include past chairperson Dorothea Neath of Helena, Mary Alice Rehbein of Lambert, Pat Saindon of Helena and Polly Nikolaisen of Kalispell.

The following are profiles of the new Council members.

DR. VERN KLINGMAN



Vern is a Nebraska corn-husker from near Chappell, Nebraska. During World War II he was a sailor on

Destroyers in the Pacific war area.

Vern graduated from Denver University in 1949 and earned his Master's degree in 1951 and Doctor's degree in 1957 from Iliff School of Theology, Denver. He married Patricia Waller. They have 4 children and 6 grandchildren.

For 57 years he has been an Ordained Minister of the United Methodist Church,

serving churches in Golden and Denver, Colorado. Starting in 1959, he was Senior Pastor at Billings First Church, until he retired in 1985. He has led all his churches in major building expansions and community services.

In retirement he was an Agent for New York Life Insurance Company for 11 years. He continues to be licensed in the insurance & finance industry.

In Billings, he has been a trustee with the following organizations:

- Billings Clergy Association;
- Mt. Association of Churches;
- Rocky Mountain College;
- Planned Parenthood of Montana;
- Parmly Billings Library;
- Deaconess Billings Clinic;
- Family Service Inc.; and
- American Civil Liberties Union.

BEVERLY BARNHART

Beverly Barnhart lives in Bozeman Montana where she is an activist for several causes, especially aging.

She served for 10 years as a representative in the Montana legislature. During that time she was on the House Appropriations Committee and the Joint Committee for Human Services and Aging.

Beverly was the director of the Retired and Senior Volunteer Program for ten years and also the director of Career Transitions, a displaced homemaker program.

Beverly has five children and a lot of grandchildren.

ANTOINETTE (TONI) HAGENER



Toni was born Buffalo, New York, attended schools in Colorado Springs, Colorado,

and graduated from University of Denver with an A.B. Degree in Biological Sciences and Education. She taught in Denver and on a substitute basis for both Northern Montana College and Havre Public Schools. She worked 15 years as a lab tech in Havre. She was the Curator of the H. Earl Clack Museum for 1964-80, where she earned national recognition for the interpretive displays of local history in the museum.

Toni is active in community work, serving on a multiplicity of local boards and committees including those of the City of Havre, Juvenile Court and Hill County. She was appointed to the board of Trustees of the Montana Historical Society in 1970 serving three terms and as chair of the Board from 1977-79.

Toni currently serves on the Area X Agency on Aging Board. She served as District 4 Director of AARP 1995-96 and on the Montana AARP executive Board 2000-2005.

Toni is interested in all phases of local government. She was twice elected and twice appointed to the Board of Trustees of School District A-16. She was elected to the City of Havre Study Commission in 1974-76 and was elected a Hill County Commissioner in 1980 and re-elected in

1986. Her husband's illness forced her retirement in June 1989.

Deeply involved in the Montana Association of Counties (MACO), Hagener served on several committees on both the State and National level. She was President of MACO for 1986-87 and was an active member of the National Association of Counties Health and Education Steering committee for 6 years.

She was elected to the Montana House of Representatives from District 90 in 1994 and served in the '95, '97 and '99 sessions. She has served on the Local Government, State Administration, Human Service and Aging and Education Committees during those sessions and on the Legislative Audit Committee and Water Rights Compact Commission interim committees.

Toni has received numerous awards for her work, including: the 1974 Havre Business and Professional Women's Club as Woman of the Year; the 1976 12th Judicial Bar Association award for community service; by the Montana Historical Society for her work in local history in 1988 and by Northern Montana College for her work with the College and community in 1989; the Montana Committee for the Humanities in 1996; the Montana Tourism Advisory Council Award of Recognition in 1997; and the Havre Area Chamber of Commerce North Star award in 2004.

Toni is the mother of 4 children and grandmother of 5. Her husband, who died in 1993 was the retired head of the NMC Science Department and Professor of Botany. He was well known and much loved for his work with students, in the community and in his professional field.



SENIOR CENTER/NUTRITION CORNER

This month's Corner features articles on the upcoming Governor's Conference on Aging and the sessions planned for the senior center track, information on possible cuts and/or elimination of the Commodity Supplemental Food Program, health news on anti-oxidant foods and tips for making successful change in your health and life.

For more information, contact: Marni Stevens, Aging Services Nutritionist at 868-3874

SENIOR CENTER TRACK

There will be 6 one and a half hour sessions that will comprise the Senior Center track at this year's Governor's Conference.

1. **COMPUTER BASED MENU REVIEWS**

This hands-on session will provide a step by step demonstration of how to use the *Food Processor* nutrition analysis software for menu reviews at the senior center. This software can be used to ensure that center meals are meeting the federal nutrition requirements. The software will be available free over the Internet for senior center use. Marni Stevens, Aging Services Nutritionist

2. **NUTRITION STANDARDS FOR SENIOR CENTER**

This session will cover in depth how to keep our seniors well nourished through the use of the Nutrition Screening Initiative screening tool and recent menu updates. Marni Stevens, Aging Services Nutritionist

3. **KEEP MONTANA WALKING PROGRAM**

This will be an active, interactive session that will outline the statewide ten week walking and stretching program sponsored by AARP. In addition to having fun, all participants will receive a pedometer and a resistance band to use during the session and take home so you can continue the good start you started

during this session. This program can be replicated around at centers the state. Del Lonquist, AARP

4. **OVERVIEW OF THE 2005 STATE OF AGING REPORT**

This session will discuss the findings of the survey that was conducted last year with senior centers. It will highlight commonalities and differences amongst centers and offer time for centers to share information on problems and successes. Doug Blakley, Aging Services

5. **TRANSPORTATION COORDINATION EXCHANGE**

This session will provide an opportunity for senior centers and others involved with the new local transportation coordination process to exchange information on what their local groups are doing as well as get input from the Department of Transportation staff.

6. **BEST PRACTICES SESSION**

This session will provide an opportunity for senior centers to meet with peers and state staff to share successes and best practices, bring up dilemmas or problems centers are facing and to review any issues that came up during the conference. Charlie Rehbein, Janet Myren, Doug Blakley

For more information, contact: Doug Blakley at 1-800-332-2272

CSFP PROPOSED CUTS

Substantial changes could be on the horizon for the Commodity Supplemental Food Program (CSFP). Effective January 1, 2006, the Commodity Supplemental Food Program (CSFP) is reducing its caseload by 9.2 percent due to reduced federal funding levels. These reductions must be implemented by wait listing seniors, and if that step is not adequate, by removing currently enrolled seniors from the program.

Montana currently serves about 7,200 people through its CSFP, 98 percent of whom are 60 years of age or older. If the reduction goes through, about 660 people fewer people will be served in Montana.

In his 2007 budget, the President proposed eliminating all funding for CSFP. This would cut off nutritious commodities to more than 400,000 low-income seniors and children in an average month. The program currently operates in 32 states, the District of Columbia and 2 Indian reservations.

The President's proposal includes a transitional food stamp benefit for seniors losing CSFP, but that will not fill the nutrition gap that would be widened by CSFP's elimination. Annually, CSFP provides more than 6.4 million food packages to participants.

CSFP food packages do not provide a complete diet, but supplement needed sources of nutrients typically lacking in the diets of the target population. CSFP participants can also receive food stamps and other food benefits.

To be eligible, seniors must have income at or below 130 percent of the Federal poverty line (currently about \$12,400 a year for a

single person and \$16,700 for a couple). CSFP also provides food packages to low-income pregnant and post-partum women, infants, and children up to age six, generally up to 185 percent of the Federal poverty line. Some low-income post-partum mothers and six-year olds are eligible for CSFP but not for WIC.

Many of the local agencies that are actively involved in distributing CSFP product are grassroots community-based non-profit organizations, such as senior centers and food banks. They receive foods in bulk from the state, package the food in 30 pound boxes and distribute them to seniors who come to their centers or food banks. In many cases, staff or volunteers from senior centers or food banks deliver CSFP boxes to homebound seniors.



In addition to food distribution, these agencies provide nutrition education and referrals for additional assistance such as food stamps, Medicaid, emergency food, low income energy assistance and the Earned Income Tax Credit.

The Administration proposal to lessen the negative impact of eliminating CSFP by providing transitional food stamps (for up to six months at \$20/month) may not sufficient to safeguard the needs of CSFP's vulnerable beneficiaries. While the transitional benefit plan is a recognition that eliminating CSFP will have consequences for its clients, it does not provide a long-term solution to the harm the cuts entail. Also, seniors traditionally have had very low rates of participation in the Food Stamp Program, bringing into question whether this is a viable substitute for the CSFP benefits for this group.

Excerpted from National Assn of Farmers Market Nutrition Programs Newsletter 2/05

BERRIES, BEANS TOP BEST ANTIOXIDANTS LIST

A variety of veggies, fruits and nuts battled it out this month for the top spot on a new list of the 20 most antioxidant-rich foods, ranked by nutrition scientists at the U.S. Department of Agriculture (USDA).

In the end, small red beans won the day, narrowly beating out wild blueberries as the food with the highest concentration of disease-fighting compounds per serving. Antioxidants fight damage to cells from rogue molecules called "free radicals." Experts believe this assault on cells may fuel killer

diseases such as heart disease and cancer, and even aging itself.

The new Top 20 list, published in the Journal of Agricultural and Food Chemistry is a relative ranking of the capacity of foods to interfere with or prevent oxidative processes and to scavenge free radicals. USDA researchers used the most advanced technologies available to tabulate antioxidant levels in more than 100 different types of fruits, vegetables, berries, nuts and spices.

TOP 20 ANTI-OXIDANT FOODS	
1. Small red beans (dried)	11. Strawberries
2. Wild blueberries	12. Red Delicious apples
3. Red Kidney beans	13. Granny Smith apple
4. Pinto beans	14. Pecans
5. Blueberries (cultivated)	15. Sweet cherries
6. Cranberries	16. Black plums
7. Artichokes (cooked)	17. Russet potatoes (cooked)
8. Blackberries	18. Black beans (dried)
9. Prunes	19. Plum
10. Raspberries	20. Gala apples

There's still a lot to learn about why some foods are richer in antioxidants than others. Even though the small red bean came out on top, researchers still don't have a lot of information on beans. Berries are better understood. The components that contribute a lot of the antioxidant activity are anthocyanins, the compounds that give many berries their dark blue color. In fact, color may be key to spotting foods that fight free radicals. The best way to get antioxidants is to look at the colors of the rainbow.

Foods that have proven to be antioxidant-rich aren't necessarily always easily absorbed by the human digestive tract. Researchers caution that depending on the chemical

makeup of antioxidants in different foods, some of them aren't apparently absorbed as well, or else they are metabolized in a form where they are no longer antioxidants.

Whether a food is eaten fresh, frozen, processed or cooked can also affect its antioxidant potency - for good or ill. Blueberries are best when eaten fresh rather than cooked in a pie, for example. On the other hand, research has shown that gentle cooking raises the antioxidant power of tomatoes. People shouldn't get too hung up on gorging on one particular food, but rather should "cast your net widely," eating generous daily servings of a variety of fruits, vegetables and other wholesome foods.

Excerpted from an article by E.J. Mundell in the HealthDay Reporter

THE SEVEN C'S OF SUCCESSFUL CHANGE TAKING CHARGE OF YOUR HEALTH AND YOUR LIFE

Many of us want to make changes in our habits. Sometimes it's a New Year's resolution; sometimes it's advice from the doctor. Sometimes it's just a desire to be stronger or have more energy. We want to eat better and be more active, but we don't always know how to make the necessary changes. Taking some time to consider these seven "C's" of change may help you understand how to get from where you are now - to where you want to be.

1. Caring enough to treat your body really well. Caring about yourself is essential for making any behavior change. Self-care is not selfish – it is what we have to do in order to stop doing one thing and start doing another. Taking good care of yourself also helps you be in better shape to take care of those around you.

2. Choice to take small steps in a new direction. Change is all about making choices. It is making the choice to do one thing (like taking a walk) rather than another (like watching TV). It doesn't mean you have to give up all television programs - it just means that sometimes you make the choice to be more active.

3. Creativity to find a variety of food and fitness options. The world is filled with stressful situations that can get in the way of our plans to eat well or to be active. The key is to stay calm and to brainstorm a variety of possible solutions. If you are out of fresh produce, you can still enjoy some canned fruit or frozen veggies.

4. Courage for new adventures and everyday challenges. There is no way around it. It takes courage to make a change. There are many ways to find the courage you need. You can discuss your struggles with

friends or family, read inspiring stories about people who have made difficult changes or find strength in faith and prayer.

5. Comfort through tough times with relaxation (or even pampering). Change is hard work and can be stressful – even when it is a positive change. When you are trying to do things differently, you need to rest and recharge your internal batteries. Take time to read a book, to take a nap, to play with the kids or just to do nothing for a while.

6. Confidence to take risks and to make normal mistakes. Optimistic people are generally healthier than pessimistic people. Being confident that you can make positive changes is at least half the battle. Sometimes it helps to make a list of the changes you have already made - like eating more whole grains or drinking less soda.

7. Celebration of the progress toward a strong and healthy you. Rewards and celebrations are an important part of successful change (think about why we celebrate graduations or job promotions). Give yourself plenty of pats on the back – just for moving a step closer to your goal. Gold stars on the calendar aren't just for kids anymore!

Montana's Healthy Families



MONTANAN ELECTED CHAIR OF NATIONAL SILVER HAIR CONGRESS



Wally Daeley, 74, of Lambert, was elected chairman of the National Silver Haired Congress (NSHC) at its recent annual session in

Alexandria, Virginia. He will serve in the position for the next two years. Daeley is also chairman of the Montana Silver Haired

Legislature, and has represented Richland County since 1995.

The NSHC is a nonpartisan, nonprofit grassroots advocacy organization composed of people 60 or older who represent their state or Congressional District. Members have an opportunity to learn about important aging issues and experience the realities of politics. The NSHC was established by Congress in 1994 and held its inaugural session in 1997.

Daeley was also one of eight delegates from Montanan to the recent 2005 White House Conference on Aging.

For more information, contact: Wally Daeley at (406) 774-3745 or rafterjw@midrivers.com

2005 WHITE HOUSE CONFERENCE ON AGING

The White House Conference on Aging prioritized the top 50 resolutions to present to the President and Congress on the pressing aging issues of today and the future. Delegates in attendance participated in working groups to develop strategies for implementing the resolutions. The top 10 resolutions as voted by the delegates are:

- Reauthorize the Older Americans Act Within the First Six Months Following the 2005 White House Conference on Aging;
- Develop a Coordinated, Comprehensive Long-Term Care Strategy by Supporting Public and Private Sector Initiatives that Address Financing, Choice, Quality, Service Delivery, and the Paid and Unpaid Workforce;
- Ensure that Older Americans Have Transportation Options to Retain Their Mobility and Independence;
- Strengthen and Improve the Medicaid Program for Seniors;
- Strengthen and Improve the Medicare Program;
- Support Geriatric Education and Training for All Healthcare Professionals, Paraprofessionals, Health Profession Students, and Direct Care Workers;
- Promote Innovative Models of Non-Institutional Long-Term Care;
- Improve Recognition, Assessment, and Treatment of Mental Illness and Depression Among Older Americans;
- Attain Adequate Numbers of Healthcare Personnel in All Professions Who are Skilled, Culturally Competent, and Specialized Geriatrics; and
- Improve State and Local Based Integrated Delivery Systems to Meet 21st Century Needs of Seniors.

By statute, the final report from the conference will be presented to the President and Congress by June 2006.

OLDER AND BETTER: STAYING HEALTHY TO ENJOY YOUR LIFE

High energy. Vibrant good health. These are phrases that once weren't used much in descriptions of aging. But times are changing, and today's mature population can expect to live longer and healthier lives than ever before.

While no one can promise you'll be dancing into your late nineties, we now know that certain lifestyle choices will likely protect your health, increase your lifespan and help you keep your post-retirement years active and exciting.

Preventing disease is the key, and the good news is it's never too late to make it a priority. Harvard researchers recently asked a group of people aged 70 to 90 to eat a healthful diet (in this case the popular "Mediterranean diet"), exercise regularly, drink only moderately and avoid smoking. During the period of the study, which was published in 2004, these modest measures cut the group's risk of dying from any medical cause by more than half.

We know, of course, that illness can still happen to anyone, regardless of lifestyle. Minimizing the impact of a disease is yet another positive step we can take to protect ourselves. Early detection is vital.

Regular medical checkups are a good place to start. Did you know that if you have just enrolled in Medicare you can receive a physical examination as a covered service? The "Welcome to Medicare" examination was designed as a preventive benefit and is

offered to all Medicare beneficiaries during their first 6 months of coverage under Part B.

Even if you're not currently eligible, you might still want to make this small investment in better health. It might bring a great benefit in the long run. Consider these other preventive health measures too, all of which are covered by Medicare. Some are covered by private insurers too, so be sure to check your policy.

- Annual screening mammogram
- Annual flu shot
- Pneumonia shot (if you have never had one or if you are older than 64 and haven't had one in 5 years)
- Colorectal cancer screening
- Cardiovascular screening blood test
- Diabetes screening tests



If you already have diabetes, preventive measures are more important than ever. Luckily Medicare pays for many services for people with diabetes, so you can schedule those important foot exams and annual dilated eye exams knowing they'll be covered.

Finally, because numerous studies show a correlation between optimism and longevity, here's another step you can take, and it's not expensive or difficult to do: relax and enjoy your life. If you're thinking of retiring or are already retired, you'll have the freedom to explore many new opportunities. Enjoy them in good health.

Prepared by the Mountain-Pacific Quality Health Foundation, the Medicare Quality Improvement Organization for Montana, Wyoming, Hawaii and Alaska

ALZHEIMER'S GRANT UPDATE

The Alzheimer's Demonstration grant has been going about 9 months now and there has been a lot of activities on all fronts. Providing respite care services and caregiver support services to frontier and rural populations is the primary focus of this grant. The grant will serve informal caregivers caring for people with Alzheimer's Disease and other cognitive impairments. The grant specifically targets the following groups: caregivers whose care recipients are 60 years of age and older; grandparents 60 years of age and older who are raising grandchildren; and parents 60 years of age and older who have a disabled child living with them.

The grant has three major objectives:

- to address systemic issues that impede the delivery of respite services across all divisions of the Department of Public Health and Human Services;
- increase access to respite services in rural and frontier counties; and
- to increase education about Alzheimer's disease and provide caregivers with skills-based training.

To address the first objective, the grant has brought together a group of respite care providers to work on the systemic issues of the grant. The group includes aging services providers, personal care attendant providers, and disability service providers. The group is currently working on a survey of caregivers and care recipients to gather information about the scope of caregiving activities currently occurring, and the extent to which the services they receive provide caregiver support.

To meet the second objective, the grant will fund 4 demonstration programs for respite

care. These programs have the flexibility to work with new community partners to develop respite services, to build upon existing services, and to coordinate with other programs to provide respite. The programs will explore how services can be more consumer-directed and ways to use of cost sharing in order to ensure sustainability of services.

Contracts were awarded to the Belmont Senior Citizens Center in Butte; Area VI Agency on Aging in Polson; Developmental Educational Assistance Program (DEAP) in Miles City; and Missoula Aging Services in Missoula. These contract recipients will provide services in a total of 16 counties in Montana and most of the Flathead and Northern Cheyenne Reservations.

Finally, the grant also provides the opportunity to partner with the Alzheimer's Association - MT Chapter and MSU Extension Services to increase education about Alzheimer's Disease and to increase caregiver awareness about the need for and availability of respite services. A number of projects are underway:

- A 2 day training was conducted in January for the Powerful Tools for Caregivers program. The goal of this train-the-trainer program is to teach caregiver coping and self-help skills to making their caregiving experience easier. Twenty-two participants took the training.
- In April, another train-the-trainer program will be offered aimed at teaching skills to formal and informal caregivers dealing with care recipients who have difficult or combative behaviors. Thirty-five participants are signed up to take this training.

For more information, contact: Traci Clark at 1-800-332-2272

STROKE: WHAT YOU NEED TO KNOW

In recent weeks we have all been tragically reminded that strokes can strike a prime minister and a 45-year-old Hall of Fame baseball player as well as many other people from all walks of life. The message is clear: strokes can affect young and old with devastating consequences.

According to the American Stroke Association, about 700,000 Americans each year suffer a stroke, accounting for 157,000 deaths. Stroke is the third leading cause of death and a major cause of disability in the United States. In Montana, strokes account for nearly 500 deaths each year.

WHAT IS STROKE?

Stroke is defined as a disruption of blood flow to the brain. There are two basic types of stroke - hemorrhagic and ischemic. A hemorrhagic stroke is caused by a blood vessel that breaks and leaks blood into the brain. An ischemic stroke occurs when an artery that supplies blood to the brain becomes blocked, or occluded. Ischemic strokes are the most common type of stroke, accounting for about 85 percent of all strokes.

WHAT ARE THE SIGNS OF STROKE?

The symptoms of stroke usually occur very quickly and can include weakness, usually on one side of the body; difficulty speaking, walking, swallowing or seeing; severe headache; or loss of consciousness. If you or someone you know experiences one or more of these symptoms, it is vitally important that someone calls 911

immediately. A stroke is an emergency. Medical treatment is available to treat the most common type of stroke, and it has been shown to dramatically reduce disability associated with stroke. The important thing to remember is that treatment should occur within three hours of the onset of symptoms.

WHAT PUTS PEOPLE AT RISK FOR A STROKE?

The risk factors for stroke include high blood pressure, smoking, diabetes, high cholesterol, obesity, physical inactivity, the presence of atrial fibrillation, and a previous incident of a transient ischemic attack or TIA.

A TIA is often called a "mini stroke" and causes similar symptoms as a stroke. The only difference is that the symptoms of a TIA completely resolve within 24 hours.

Strokes are preventable. By controlling the risk factors that contribute to stroke, the risk of stroke is decreased.

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strokes each year.

The Cardiovascular Health Program (CVH) at the state Department of Public Health and Human Services (DPHHS) is working hard to decrease the impact of stroke in Montana. The CVH program has sponsored the Montana Stroke Initiative - a collaboration with hospitals, neurologists, nurses, public health officials, emergency room personnel, emergency medical services, and the American Stroke Association (a division of the American Heart Association). The goal of the Montana Stroke Initiative is to increase public knowledge of stroke and to improve the quality of stroke care in Montana.

For more information about the Montana Stroke Initiative, contact Mike McNamara at 1 (406) 444-9170 or mmcnamara@mt.gov or visit the Web site of the American Stroke Association at www.strokeassociation.org

MGS ANNUAL CONFERENCE

"The AdvantAGE of CHANGE"

This year's Montana Gerontology Society conference will be held April 11 and 12 at Buck's T 4, at Big Sky.

The theme, "The AdvantAGE of CHANGE" was chosen since we have learned through experience that the only constant in our lives is change. With this conference we hope to highlight the positives that change can bring.



- **Jacobus Hollewijn**, presenting on Integrating Natural Choices and Western Medicine for Healthy Living
- **Susan Edsall**, author of "Into the Blue"
- **Nancy Aagenes**, Naturopathic Physician, presenting on Doctor/Patient Roles and Communication
- **Kathryn Borgenicht, MD and Gary Lusin** presenting on Senior Driving Assessments or When to Take the Keys Away

The two day registration fee is \$100 for members and \$140 for non-members

Featured speakers include:

- **David Troxel**, author of "Best Friends Approach to Alzheimer's Care"

For more information or to register, call: 1-406-587-4570

GRANDPARENTS RAISING GRANDCHILDREN

Save the date! On June 10, 2006 in Great Falls and on June 17, 2006 in Billings, the Montana Grandparents Raising Grandchildren Project will hold conferences for grandparents who are parenting their grandchildren and professionals who work with these families. In an effort to reach as many grandparents as possible, the conference will be held in two cities.

Featured speakers and topics include:

- **Dr. Brenda Roche** on methamphetamine addiction;
- **Dr. Marsha Goetting** on financial issues;
- **Jim Yellowtail, Maylinn Smith, and Jo Raffiani J.D.s**, on legal issues; and
- **Martina Heavyrunner & Dr. Jill Thorngren** on family interactions and coping.

For a full list of speakers and registration information, contact: the Montana Grandparents Raising Grandchildren Project at 406-994-3395 or email us grg@montana.edu.

2006 NATIONAL AMERICAN INDIAN BRAIN INJURY CONFERENCE

Date: June 6-7, 2006
Location: MSU-Billings campus
Questions: (406) 657-2172 or (406) 655-7636

2006 COMMUNITY SERVICES DIVISION CONFERENCE

Date: September 20-22, 2006
Location: Colonial red Lion Inn, Helena
Questions: (406) 444-4064

38th Governor's Conference on Aging Registration Form
AGING, If It's Not Your Concern Now, It Will Be
May 9th 10th & 11th 2006 Colonial Inn Helena 1-800-733-5466

Name(s) _____ Governor's Conference
Representing _____ on Aging
Address _____ PO Box 4210
City _____ State _____ Zip _____ Helena MT 59604
E-Mail _____ Phone _____ For more
information
1-800-332-2272
ask for Brian LaMoure

Full Conference - Registration Fees

\$75 Prior to May 3rd.
\$90 After May 3rd

Single Days - Registration Fees.

May 9th \$45 includes lunch.
May 10th \$45 includes lunch.
May 11th \$25 includes lunch, half day.
Additional Lunches \$20 Circle day: Tues Wed Thurs

AMOUNT ENCLOSED _____

AMOUNT ENCLOSED _____

Cost bug